



# Florida Society of Plastic Surgeons 2008 Annual Meeting

December 4-7, 2008 **↑** The Breakers **↑** Palm Beach, Florida

## ADVANCE REGISTRATION FORM

Please mail completed form, along with payment to: FSPS, P.O. Box 7040, Jacksonville FL 32238  
Credit card users, please fax completed form to FSPS at 904-786-9939

Name (for badge imprint) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_  
(confirmation will be sent to email address) (confirmation will be faxed if no email is provided)

**\* Office Staff Program registrants must submit a separate form apart from physician registrants.**

### REGISTRANT FEES

	By Oct 24	After Oct 24
<input type="checkbox"/> FSPS Member / Applicant	\$575	\$600
<input type="checkbox"/> Non Member Physician	\$750	\$775
<input type="checkbox"/> Life Member	\$300	\$325
<input type="checkbox"/> Resident in Florida	N/C	N/C
<input type="checkbox"/> Office Staff Program *	\$300	\$325
<input type="checkbox"/> Plastic Surgery Nurse/Other Residents	\$450	\$475

(Registration fees include, all breakfasts, breaks, lunches, Welcome Reception, dinners and all educational programs - HOWEVER, you must indicate attendance below.)

### REGISTRANT ATTENDANCE

- Risk Management Seminar - Thursday morning
- AAAASF Certification Course - Thursday afternoon
- Patient Safety Course - Thursday afternoon
- Keynote Address - Thursday evening
- Welcome Reception - Thursday evening
- Friday Night Luau (Casual Dinner)
- Saturday Night Masquerade Ball (Dinner/Dance)

### REGISTRANT TOURNAMENT CHOICE

- Golf Tournament (bring your own clubs)  
 Number playing: \_\_\_\_\_  
 (Fees TBA - you will be contacted)

Total - Registrant Fees \$ \_\_\_\_\_

**BADGES are required for admission to Exhibit Hall and all functions.  
Registration is required to receive a badge.**

### GUEST FEES (Guests of Registrant)

(Registration fee entitles guests to breakfast on Fri. & Sat., lunch on Thur. & Fri., Welcome Reception on Thur., and dinner on Fri. & Sat. - HOWEVER, you must indicate attendance below.)

# \_\_\_\_\_ Adults @ \$250 ..... \$ \_\_\_\_\_  
 # \_\_\_\_\_ Children (16 and under) ..... \$ \_\_\_\_\_ N/C \_\_\_\_\_

Guest Name(s) - please print exactly as badge should appear.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### GUEST ATTENDANCE

You MUST indicate # attending for all functions listed below.

- Keynote Address \_\_\_\_\_
- Welcome Reception \_\_\_\_\_
- Friday Luau \_\_\_\_\_
- Saturday Masquerade Ball \_\_\_\_\_

Total - Guest Fees \$ \_\_\_\_\_

**GRAND TOTAL ENCLOSED (Registrant Fee + Guest Fees) ..... \$ \_\_\_\_\_**

### PAYMENT INFORMATION

- Check Enclosed     Credit Card (MasterCard, Visa or American Express)

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ Auth.Code \_\_\_\_\_  
(please print legibly)

Please **PRINT** Name as it appears on Credit Card \_\_\_\_\_

Billing Address, including Zip Code \_\_\_\_\_

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here & explain on reverse side if there are any special requirements you have in order to participate in this activity.